

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

10

Application Number	10/083,682
Filing Date	October 24, 2001
First Named Inventor	WOLFFE et al.
Art Unit	1631
Examiner Name	S. ZHOU

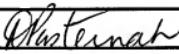
Attorney Docket Number

8325-0015.20 (S15-US2)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC			
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board			
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition to Revive	<input type="checkbox"/> of Appeals and Interferences			
<input checked="" type="checkbox"/> After Final (9 pages)	<input type="checkbox"/> Petition to Convert to a	<input type="checkbox"/> Appeal Communication to TC			
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Provisional Application	<input type="checkbox"/> (Appeal Notice, Brief, Reply Brief)			
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney and	<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Correspondence Address Indication	<input type="checkbox"/> Form			
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____				
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Landscape Table on CD				
<table border="1"> <tr> <td>Remarks</td> <td colspan="2">The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.	
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Robins & Pasternak LLP		
Signature			
Printed name	Dahna S. Pasternak		
Date	February 8, 2010	Reg. No.	41,411

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being submitted to the U.S. Patent and Trademark Office via EFS on the date listed below.

Signature,			
Typed or printed name	Michelle Hobson	Date	February 8, 2010